

The Surreybrook School

Credit Card Authorization Form

Please complete this form and return to us. You may complete in electronic form and e-sign and email back to us for print out, and complete in hard copy.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Contact Number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Weekly Tuition Amount to Charge: \$ _____

or

Tuition Deposit/Registration Fee to Charge \$ _____

I authorize Surreybrook School to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I agree tuition payments will be charged, in full, on the Friday prior to services.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to: Surreybrook School/Attention:

Cheryl Kane Cheryl@surreybrook.com